WOODLAND HEALTHCARE CENTER

18740 W BLUEMOUND RD

BROOKFIELD	53045	Phone: (262) 782-0230		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	224	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	224	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/04:	209	Average Daily Census:	207

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	55.5		
Supp. Home Care-Personal Care	No					1 - 4 Years	34.4		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.1	More Than 4 Years	10.0		
Day Services	No	Mental Illness (Org./Psy)	25.8	65 - 74	6.7				
Respite Care No		Mental Illness (Other)	11.0	75 - 84	40.2		100.0		
Adult Day Care No		Alcohol & Other Drug Abuse	0.5	85 - 94	37.8	**********			
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.2	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.4			Nursing Staff per 100 Res	sidents		
Home Delivered Meals No		Fractures	3.3	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	21.1	65 & Over	90.9				
Transportation	No	Cerebrovascular	8.6			RNs	8.4		
Referral Service	No	Diabetes	2.9	Gender	왕	LPNs	10.5		
Other Services	No	Respiratory	4.8			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	20.6	Male	25.4	Aides, & Orderlies	37.7		
Mentally Ill	No			Female	74.6				
Provide Day Programming for			100.0	İ					
Developmentally Disabled	No			İ	100.0				
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		Family Care		1	Managed Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	12	8.2	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	5.7
Skilled Care	36	100.0	310	124	84.4	124	0	0.0	0	23	100.0	180	1	100.0	124	2	100.0	424	186	89.0
Intermediate				11	7.5	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	5.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	36	100.0		147	100.0		0	0.0		23	100.0		1	100.0		2	100.0		209	100.0

WOODLAND HEALTHCARE CENTER

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12/	31/04
Deaths During Reporting Period							
				:	% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	4.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	9.1		55.5	35.4	209
Other Nursing Homes	1.2	Dressing	19.1		40.7	40.2	209
Acute Care Hospitals	92.2	Transferring	22.0		53.6	24.4	209
Psych. HospMR/DD Facilities	0.2	Toilet Use	23.9		42.1	34.0	209
Rehabilitation Hospitals	0.9	Eating	73.7		11.0	15.3	209
Other Locations	1.2	******	******	****	******	********	******
Total Number of Admissions	425	Continence		8	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	12.0	Receiving R	espiratory Care	11.0
Private Home/No Home Health	15.9	Occ/Freq. Incontiner	nt of Bladder	46.4	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	13.1	Occ/Freq. Incontiner	nt of Bowel	45.5	Receiving S	uctioning	0.0
Other Nursing Homes	2.3				Receiving O	stomy Care	1.4
Acute Care Hospitals	41.2	Mobility			Receiving T	ube Feeding	1.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.5	Receiving M	echanically Altered Diets	17.2
Rehabilitation Hospitals	0.0						
Other Locations	6.0	Skin Care			Other Residen	t Characteristics	
Deaths	21.4	With Pressure Sores		7.7	Have Advanc	e Directives	100.0
Total Number of Discharges		With Rashes		1.0	Medications		
(Including Deaths)	434	İ			Receiving P	sychoactive Drugs	65.1

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		Ownership:			Size:	Lic	ensure:		
	This	Pro	prietary	2	00+	Ski	lled	Al.	1
	Facility	Peer	Group	Peer	Group	Peer Group		Faci	lities
	90	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.4	86.4	1.07	88.9	1.04	87.3	1.06	88.8	1.04
Current Residents from In-County	54.1	85.0	0.64	83.3	0.65	85.8	0.63	77.4	0.70
Admissions from In-County, Still Residing	14.6	18.1	0.81	25.0	0.58	20.1	0.73	19.4	0.75
Admissions/Average Daily Census	205.3	199.9	1.03	116.5	1.76	173.5	1.18	146.5	1.40
Discharges/Average Daily Census	209.7	201.1	1.04	119.3	1.76	174.4	1.20	148.0	1.42
Discharges To Private Residence/Average Daily Census	60.9	83.1	0.73	41.9	1.45	70.3	0.87	66.9	0.91
Residents Receiving Skilled Care	94.7	95.8	0.99	95.1	1.00	95.8	0.99	89.9	1.05
Residents Aged 65 and Older	90.9	84.4	1.08	91.8	0.99	90.7	1.00	87.9	1.03
Title 19 (Medicaid) Funded Residents	70.3	61.2	1.15	64.3	1.09	56.7	1.24	66.1	1.06
Private Pay Funded Residents	11.0	13.7	0.80	19.3	0.57	23.3	0.47	20.6	0.54
Developmentally Disabled Residents	0.0	1.2	0.00	0.8	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	36.8	30.0	1.23	39.0	0.95	32.5	1.13	33.6	1.10
General Medical Service Residents	20.6	23.2	0.89	21.2	0.97	24.0	0.86	21.1	0.98
Impaired ADL (Mean)	50.2	52.9	0.95	50.4	1.00	51.7	0.97	49.4	1.02
Psychological Problems	65.1	51.7	1.26	56.9	1.14	56.2	1.16	57.7	1.13
Nursing Care Required (Mean)	5.0	8.4	0.60	8.1	0.62	7.7	0.65	7.4	0.68